



# AKRON CENTRAL SCHOOL DISTRICT TRANSPORTATION DEPARTMENT

Patrick McCabe, Superintendent  
Cynthia Tretter, Business Administrator  
Mark Alexander, Director of Transportation

## TRANSPORTATION REQUEST - PRIVATE/PAROCHIAL SCHOOLS

Student Name: \_\_\_\_\_  
First Name/Middle Name/Last Name

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade (2020-21): \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street/City/State/Zip Code

Parent/Guardian Name: \_\_\_\_\_  
First Name/Last Name

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
First Name/Last Name

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

School Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

School Address: \_\_\_\_\_  
Street/City/State/Zip Code

Transportation Requested:            AM            PM            Both

*\*Please contact the transportation office if pick-up and/or drop-off locations are not home.\**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This form must be received at the District Office by April 1, 2020.**

**Residents who move into the District after April 1st have 30 days to submit their request.**

**Non-public schools must be within 15 miles of the student's home.**

**Section 3635 of the New York State Education Law contains all of the regulations.**